

SHORT COURSE ORAL THERAPY FOR PROLONGED ANTIFUNGAL ACTIVITY

In the past, fungal infections had to be treated until the lesions had disappeared — and sometimes even longer. Today, with modern oral medication, antifungal therapy may be stopped much earlier.

The explanation is one of pharmacokinetics: because itraconazole is an oral antifungal with a strongly lipophilic profile, it rapidly reaches the lipid-rich tissues, such as those of the skin and the mucosa. From there it is gradually eliminated as the cells desquamate.

Therefore, when treatment is stopped, itraconazole's fungicidal activity continues for up to 4 days in the vaginal tissue and for up to 4 weeks in the skin.

Thus, a conveniently short oral course of itraconazole provides prolonged antifungal activity, allowing treatment to be stopped before the lesions have completely disappeared.

Itraconazole plasma and stratum corneum levels.
Ref.: Fromtling, R.A.: Recent trends in the discovery, development and evaluation of antifungal agents.
J.R. Prous Science Publishers (1987)

Sporanox^{*}

itraconazole 100 mg

SHORT AND SIMPLE ORAL THERAPY

(See prescribing information below)

Basic dose in dermatology: 1 capsule (100 mg) once daily for 7 days

Standard dose in vaginal candidosis: 2 x 2 capsules (200 mg) once daily for 1 day

^{*} Trademarks: SPORANOX, SEMPERA, TRISPORAL

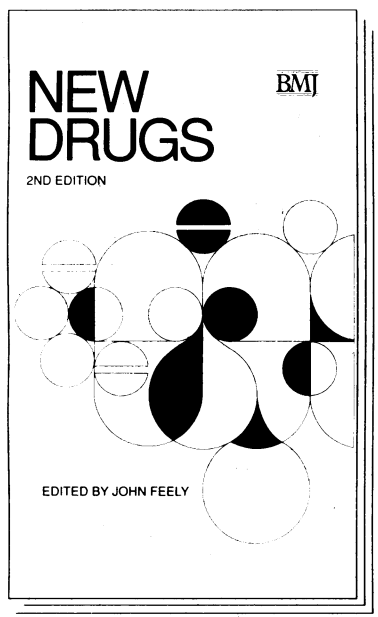
JANSSEN
PHARMACEUTICA
B-2340 Beerse, Belgium
expertise in
antimycotic research

Properties: Sporanox (itraconazole), a triazole derivative, is orally active against infections with dermatophytes (*Trichophyton* spp., *Microsporum* spp., *Epidermophyton floccosum*), yeasts (*Candida* spp., *Pityrosporum* spp.), *Aspergillus* spp. and various other yeasts and fungi. **Indications:** Sporanox (itraconazole) is indicated for vulvovaginal candidosis, pityriasis versicolor, dermatophytoses, fungal keratitis and oral candidosis. **Dosage and administration:** Vulvovaginal candidosis: 2 capsules (200 mg) morning and evening for 1 day;

pityriasis versicolor: 2 capsules (200 mg) once daily for 7 days; tinea corporis, tinea cruris, tinea pedis, tinea manus: 1 capsule (100 mg) daily for 15 days; highly keratinized regions, as in plantar tinea pedis and palm tinea manus, require 1 capsule (100 mg) daily for 30 days. Oral candidosis: 1 capsule (100 mg) daily for 15 days. Fungal keratitis: 2 capsules (200 mg) once daily for 21 days. **Contra-indications:** Sporanox (itraconazole) is contra-indicated during pregnancy. **Warnings and precautions:** Although clinically Sporanox (itraconazole) has not been associated with

serious side effects, it should be used with caution in patients with severe liver disease. In patients with moderate liver disease, the dose should be reduced. In patients with severe liver disease, the use of Sporanox (itraconazole) is contra-indicated. **Side effects:** Sporanox (itraconazole) is generally well tolerated. The most common side effects are: headache, dizziness, nausea, vomiting, diarrhea, constipation, abdominal pain, and changes in taste. In some cases, there may be changes in liver function tests. **Interactions:** Sporanox (itraconazole) may interact with other drugs, particularly those that are metabolized by the liver. Patients should be advised to inform their doctor of all the drugs they are taking.

What's best for patients?

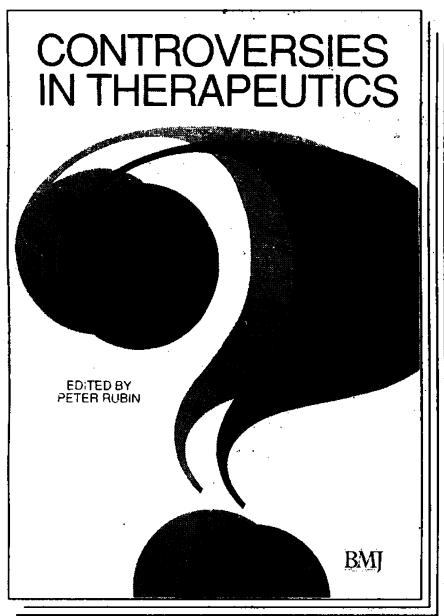


New drugs are continually being developed and knowledge about existing drugs is constantly expanding, so it is essential, but difficult, for doctors to keep up to date with the latest developments. *New Drugs* describes the most important therapeutic advances of the past decade and discusses the drugs that will be in common use in the 1990s. Completely revised and updated, this second edition has been expanded to include 11 additional chapters. Its coverage of practical aspects of drug use, avoidance of adverse reactions and interactions, and prescribing at extremes of age makes it an invaluable guide for busy practitioners who want to get the best out of the new drugs currently available.

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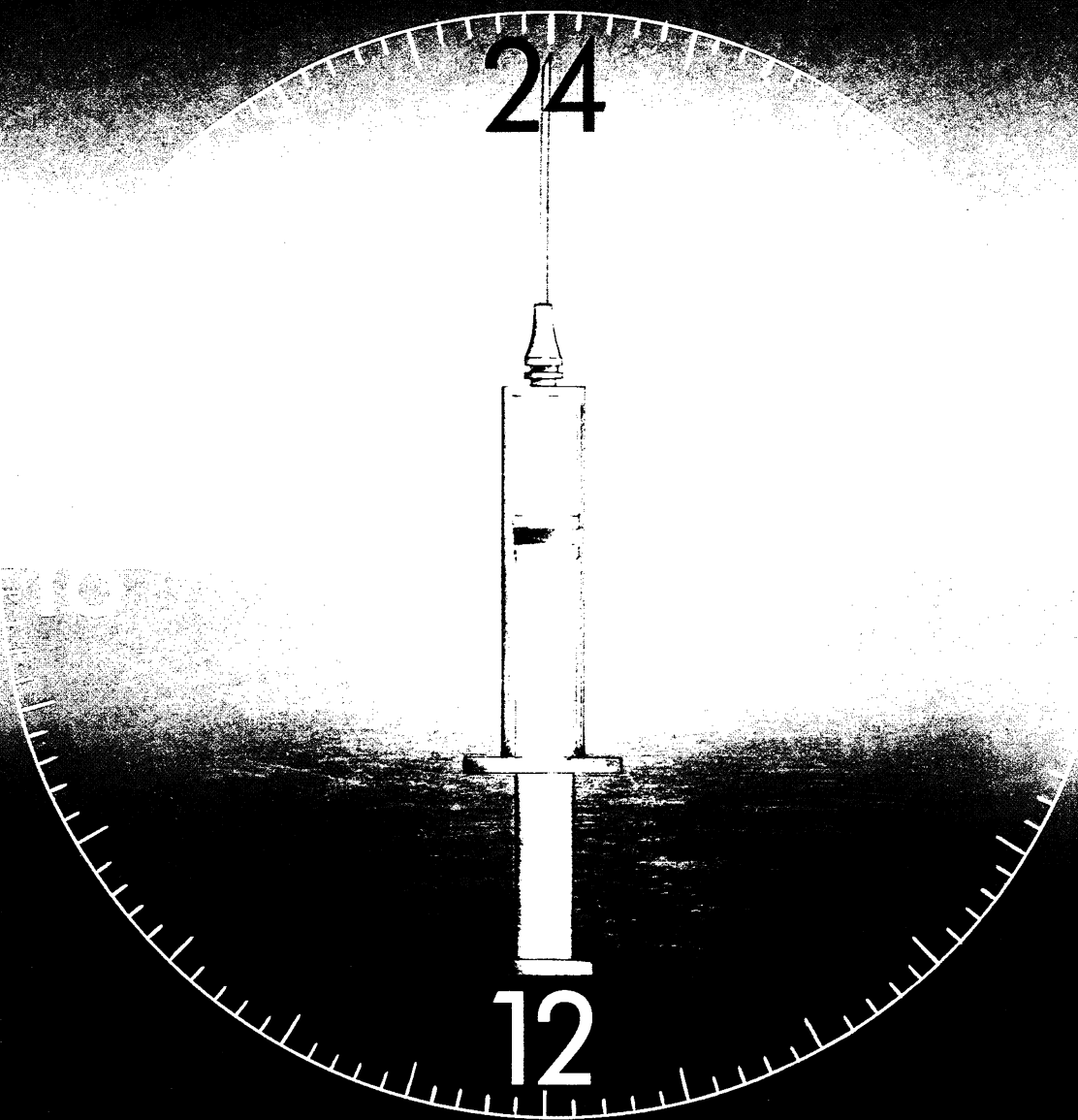
Robert Maxwell, secretary to the King's Fund

Anthony Clare, professor of psychiatry in Dublin, writer and broadcaster.

Other speakers will come from all quarters of health care and include doctors, nurses and managers.

Topics will include: continuous quality improvement in health care — in theory and in action; the central importance of the patient in quality assurance; successful examples of audit from various parts of the health service; how all parts of the staff of the NHS can work together to raise quality; the role of the government and regulatory bodies in helping to raise quality, and the future of quality assurance.

Further details are available from Melissa Drayson, BMA, BMA House, Tavistock Square, London WC1H 9JP. Tel: 071 383 6611 Fax: 383 6400



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Indications

Sepsis; meningitis; abdominal infections; infections of the bones, joints, soft tissue, skin and of wounds; infections in patients with impaired defence mechanisms; renal and urinary tract infections; respiratory tract infections, particularly pneumonia, and ear, nose and throat infections; genital infections, including gonorrhea. Perioperative prophylaxis of infections.

Dosage

Usual dosage for adults: 1-2 g once daily (every 24 hours). Further informations on administration and special dosage recommendations are available on request.

Contraindications

Known hypersensitivity to cephalosporins.

Precautions

Pregnancy (particularly in the first trimester), unless absolutely necessary. Hypersensitivity to β -lactam antibiotics (possibility of allergic cross-reactions, anaphylactic shock).

Side effects

Gastrointestinal complaints. Hematological changes. Skin reactions.

Full details are available on request.

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gastric distress & oesophagitis

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